

DIABETES IN CHARLESTON COUNTY

SC Department of Health and Environmental Control

♦ Diabetes Control Program ♦ Chronic Disease Epidemiology Branch
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Charleston county.

Behavioral Risk Factors

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Charleston county and SC in 1998.

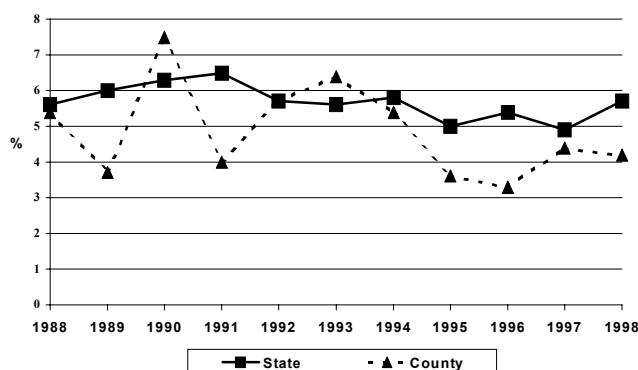
Table 1. Prevalence (%) of Behavioral Risk Factors for Diabetes

	Charleston County	SC
Overweight	49.4	52.3
Current Smokers	25.2	24.7
Physical Inactivity	58.2	61.6
Consuming fruits and vegetables less than 5-A-Day	79.7	78.2
High Cholesterol (1997)	25.6	24.4
Hypertension (1997)	24.6	26.7

Prevalence

In 1998, there were approximately 9,104 adults (4.2%) aged 18 and older living in Charleston county who have been told by a doctor some time in their life that they have diabetes (Figure 1).

Figure 1. Prevalence of Self-Reported Diabetes among Adults, Charleston, 1988-1998



Morbidity and Complications

In 1997, there were 712 hospital discharges with diabetes as the primary diagnosis among Charleston county residents. During the same year, there was an additional 4,810 hospital discharges with diabetes-related condition. African-Americans had more hospitalizations for diabetes than whites: 453 (63%) for diabetes as the primary diagnosis, and 2,523 (52%) for diabetes as a related condition.

In 1997, hospital charges for hospitalizations of Charleston county residents having diabetes as primary diagnosis were up to \$5.9 million and \$63 million for diabetes as a related condition. The total

length of hospital stay for diabetes as the primary diagnosis was 4,291 days.

Charleston county patients with diabetes who had diabetes-related complications in 1997 included:

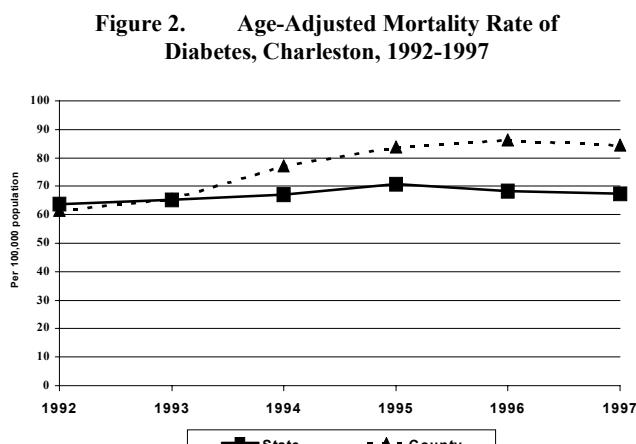
- 604 (11.1%) with renal manifestations;
- 184 (3.4%) with lower extremity amputations related to diabetes;
- 221 (4.0%) with diabetic ketoacidosis;
- 365 (6.7%) with renal failure;
- 312 (6.3%) with dialysis.

Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 5,402 hospitalizations for patients with diabetes, 3,993 (73.9%) had cardiovascular diseases, and 510 (9.4%) had stroke.

In 1997, there were 456 emergency room (ER) visits for diabetes as the primary diagnosis, among which 452 (73.9%) were for African-American patients. In addition, there were 1,121 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$298,581.

Mortality

In 1997, diabetes was listed as the underlying cause of death for 154 residents of Charleston county. This is an age-standardized mortality rate of 49.7 per 100,000 population, close to the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 263 deaths in Charleston county; a standardized mortality rate of 84.5 per 100,000 population.



A total of 1,350 potential years of life were lost in 1997 because people died prematurely from diabetes. Diabetes mortality in Charleston county follows the national pattern of diabetic mortality that African-Americans have higher mortality rates than whites. African-American men had the highest standardized mortality (162 per 100,000 population) among all race-sex groups.

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